

Adams County
Utility Accommodation Policy
Effective 3/12/2015

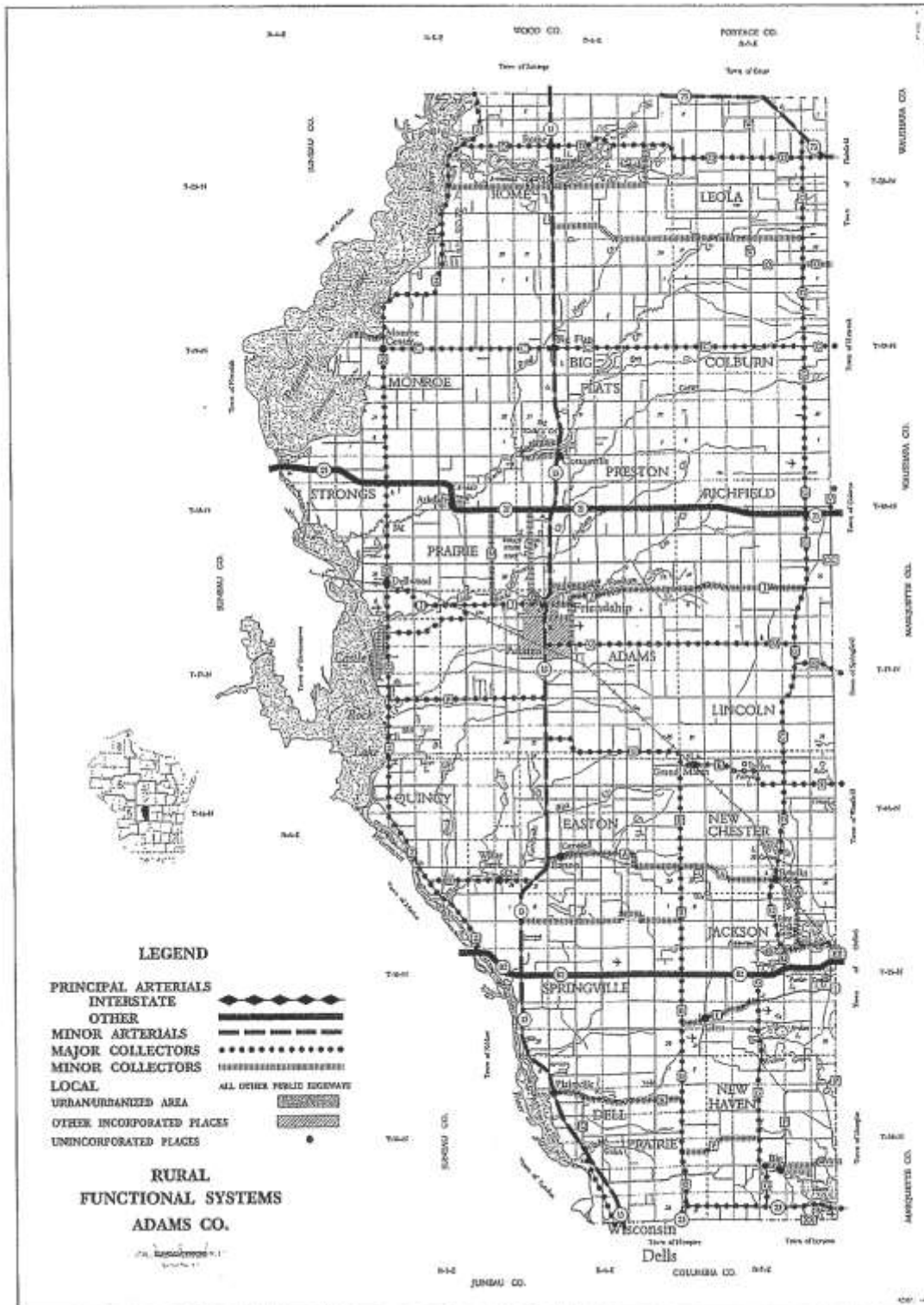
Effective: March 12, 2015

96.00 Utility Accommodation
96.90 Appendices
Section 96.91 County Map

Supersedes: October 8, 1998

By: County Highway Commissioner

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ADAMS COUNTY UTILITY POLICY**Policy 96.90**

Effective: March 12 , 2015	96.00 Utility Accommodation 96.90 Appendices Section 96.92 County Contact Information
Supersedes: October 8, 1998	
By: County Highway Commissioner	
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ADAMS COUNTY STAFF		
CONTACT PERSON	TITLE	TELEPHONE NUMBER
*Jason Kirsenlohr	State Patrol Superintendent	608-339-3355
Dennis Premo	County Patrol Superintendent	608-339-3355
Patrick Kotlowski	Commissioner	608-339-3355

*Denotes Primary contact for Utility Permits

ADAMS COUNTY UTILITY POLICY**Policy 96.90**

Effective: March 12, 2015	96.00 Utility Accommodation 96.90 Appendices Section 96.93 Permit Application Form
Supersedes: October 8, 1998	
By: County Highway Commissioner	
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Insert County Utility Permit

ADAMS COUNTY HIGHWAY DEPT**APPLICATION/PERMIT to CONSTRUCT, OPERATE,
and MAINTAIN UTILITIES WITHIN HIGHWAY
RIGHT-OF-WAY**

Applicant/Company: _____

Address: _____

Office Phone: _____

Local Phone & Pager: _____

Plans Prepared By: _____

Preparer's Phone: _____

LOCATION INFORMATION**Adams County Permit Number:** _____

Highway(s): _____

Town/Village/City of: _____

_____ ¼ of the _____ ¼ Sec _____ T N R E

ADDITIONAL INFORMATIONUtility Construction Permit? ☐ Yes ☐ NoUtility Service Construction Permit? ☐ Yes ☐ NoAnnual Service Connection Permit? ☐ Yes ☐ No

Utility Work Order # _____

Fee Required? ☐ Yes ☐ No Amount \$ _____**DESCRIPTION OF PROPOSED WORK (Check and fill out all that apply)**UTILITY TYPE: ☐ Electric ☐ Gas/petroleum ☐ Communications ☐ Water ☐ Sanitary sewer ☐ Private line☐ Transmission ☐ Distribution ☐ Service *Facility Size/Capacity:* _____
(diameter, # fibers, psi, Kv, etc.)ORIENTATION: ☐ Overhead ☐ Underground ☐ Parallel to hwy centerline ☐ Hwy crossing ☐ Bridge attachment ☐ TunnelWORK TYPE: ☐ New construction ☐ Improve/repair existing ☐ Maintenance ☐ Removal ☐ Abandon in placeCONSTRUCTION METHOD(S): ☐ Plow ☐ Trench ☐ Bore ☐ Suspend on poles/towers ☐ Open cut hwy ☐ Cased☐ Tree cutting/removal ☐ Chemical treatment of trees/brush*Erosion Control Designation:* ☐ Major ☐ Minor

Provide additional narrative if needed: _____

NAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE
RESPONSIBLE FOR CONSTRUCTION: _____

Estimated Starting Date: _____ Estimated Completion/Restoration Date: _____

The Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Accommodation Policy of the above-named county in effect at the time of this application, and with any special provisions listed below or attached hereto, and any and all plans, details, or notes attached hereto and made a part thereof.

By: _____
(Signature of Applicant/Company Authorized Representative) (Title) (Date)_____
(Typed/Printed Name of Person Signing Above or Electronic Signature Code) (Authorized Applicant/Company Representative Telephone Number)**DO NOT WRITE BELOW THIS LINE****PERMIT APPROVAL BY PERMITTING AUTHORITY**

The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant with all provisions and conditions stated in the Utility Accommodation Policy of the above-named county including the Indemnification as included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application.

Supplemental Provisions Attached: ___ Yes ___ No

By: _____
(Authorized Representative for County)

(Title)

(Date)

FEE RECEIVED: \$ _____**CHECK NUMBER:** _____**DATE ISSUED:** _____

Annual Service Connection Permit (ASCP)	\$100.00	Open Cuts Across Paved Roadways	\$250.00
Permit Application & Review Fee	\$25.00	Open Cut Bond	\$5,000.00
Inspection Fee per Permit*	\$50.00	After the Fact Permit	\$500.00

ADAMS COUNTY UTILITY POLICY**Policy 96.90****Effective:** March 12, 2015

96.00 Utility Accommodation

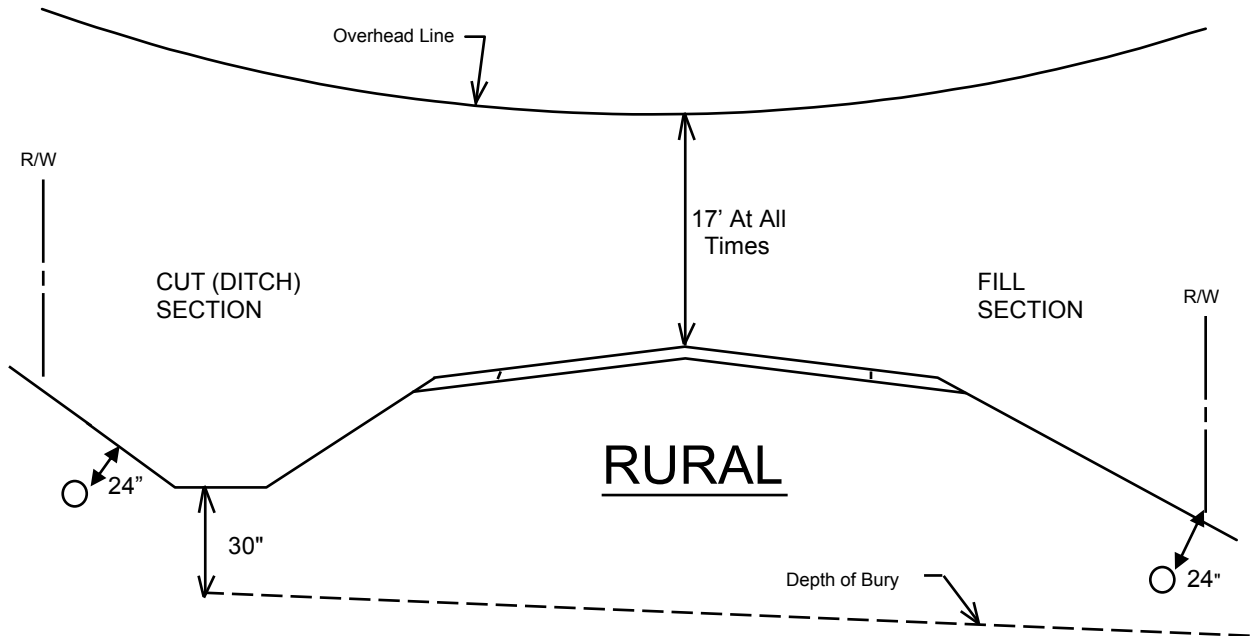
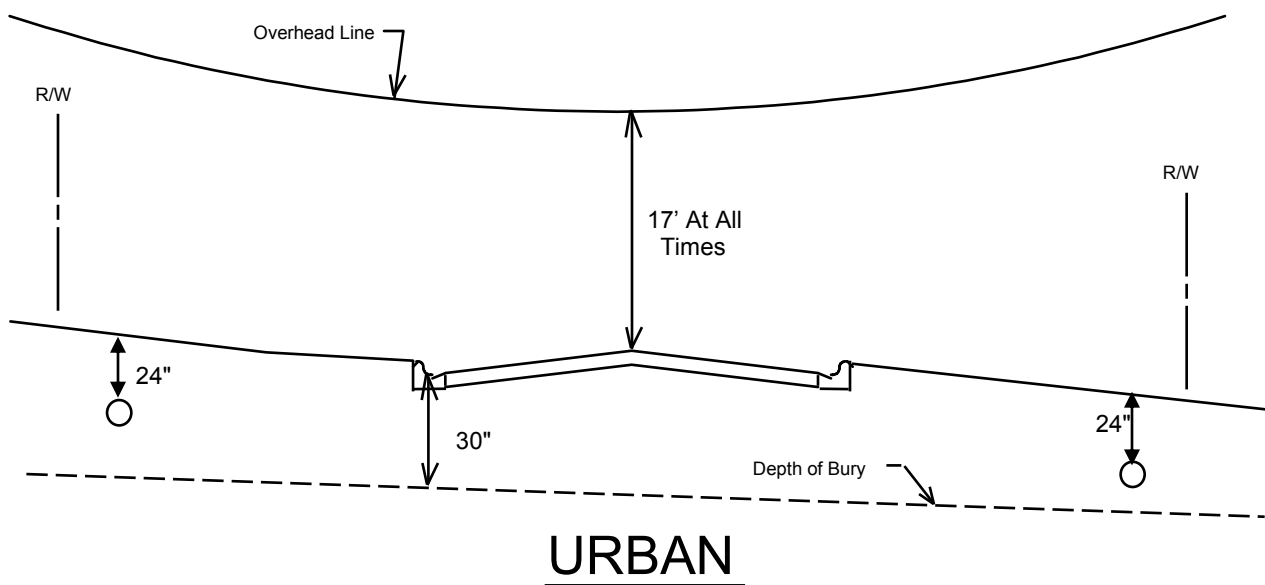
96.90 Appendices

Supersedes: October 8, 1998

Section 96.94 Highway Clearance Diagram

By: County Highway Commissioner

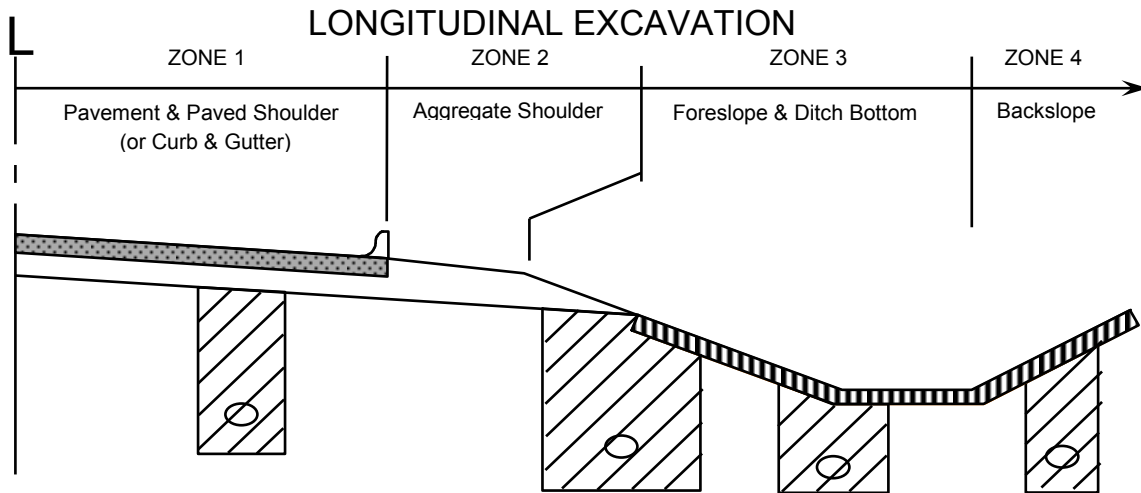
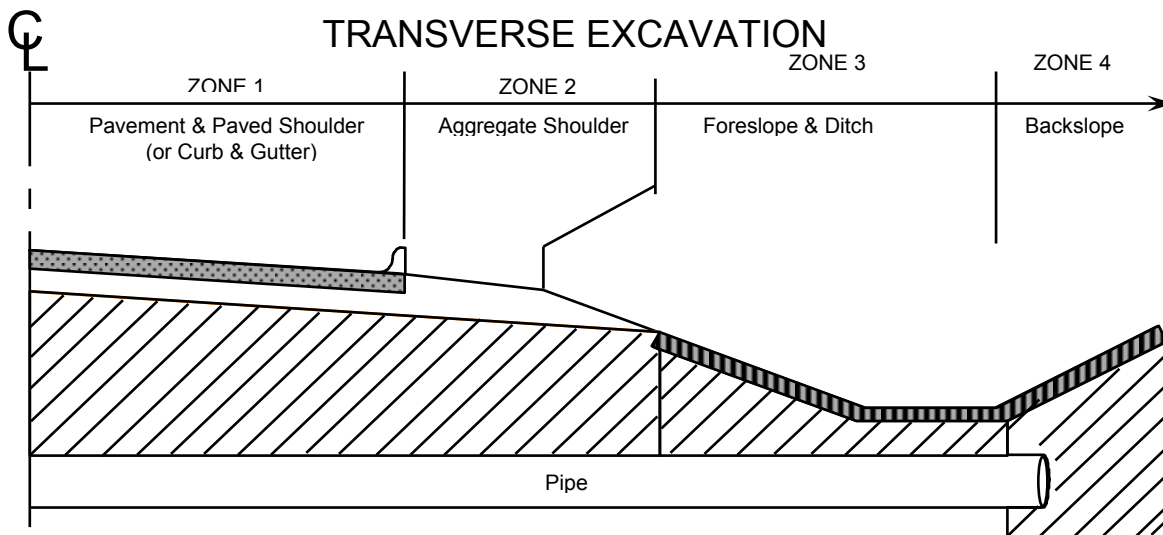
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**MINIMUM CLEARANCES**

Effective: March 12, 201596.00 Utility Accommodation
96.90 Appendices
Section 96.95 Backfilling Details**Supersedes:** October 8, 1998

By: County Highway Commissioner

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**BACKFILLING EXCAVATION DETAIL DRAWINGS**

Effective: March 12, 2015	96.00 Utility Accommodation 96.90 Appendices
Supersedes: October 8, 1998	Section 96.96 DNR District Offices List
By: County Highway Commissioner	
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West Central Region (WCR)

Counties served: Adams, Buffalo, Chippewa, Clark, Crawford, Dunn, Eau Claire, Jackson, Juneau, La Crosse, Marathon, Monroe, Pepin, Pierce, Portage, St. Croix, Trempealeau, Vernon, Wood.

EAU CLAIRE**DNR SERVICE CENTER**

1300 W CLAIREMONT

EAU CLAIRE WI 54701

715-839-3700-phone

715-839-6076-fax

Office Hours

Monday thru Friday

8:30 a.m. to 4:00 p.m. remaining open over the lunch hour

LA CROSSE**DNR SERVICE CENTER**

3550 MORMON COULEE RD

LA CROSSE WI 54601

608-785-9000-phone

608-785-9990-fax

Office Hours

Monday thru Friday

8:30 a.m. to 4:00 p.m. remaining open over the lunch hour

WAUSAU**DNR SERVICE CENTER**

5301 RIB MT RD

WAUSAU WI 54401

715-359-4522-phone

715-355-5253-fax

Office Hours

Monday thru Friday

8:30 a.m. to 4:00 p.m. remaining open over the lunch hour

Effective: March 12, 2015	96.00 Utility Accommodation 96.90 Appendices
Supersedes: October 8, 1998	Section 96.97 Environmental Conditions Discovery Checklist
By: County Highway Commissioner	
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As soon as environmental conditions are discovered in the Department's right-of-way,

STOP WORK IMMEDIATELY

and be prepared to report the following information to the contacts listed in 96.08(E):

SITE LOCATION:

Highway _____ If divided, please indicate direction ☐ NB ☐ SB ☐ EB ☐ WB

County _____ ☐ City ☐ Town ☐ Village of _____

Distance from nearest public roadway intersection or mile marker _____

Other landmarks? _____

ENVIRONMENTAL CONDITION:

1. Archaeological/Historical

What was found (burials, foundation, arrowheads)? _____

Is the location of the find marked? ☐ Yes ☐ No If yes, how is it marked? _____

Approximate area (dimensions) of the find? _____

2. Contaminated Sites, UST's LUST's

What was found? _____

Appearance of soils or liquid? _____

Odor of soils or liquid? _____

Approximate size of tank or area of contamination uncovered? _____

Is there an obvious liquid or product in the tank? ☐ Yes ☐ No

Is there an obvious smell? ☐ Yes ☐ No If yes, can you describe it (varnish, kerosene, gasoline, diesel, other, unknown)? _____

Soil type(s) encountered (sand, gravel, clay, till)? _____

Depth to groundwater (if known)? _____

Any previous land use knowledge (local history, memory of site as a business)? _____

Is the location of the find marked? ☐ Yes ☐ No If yes, how is it marked? _____

CONTACTS:

If arrowheads or buildings were discovered, has the State Historic Preservation Officer been notified? ☐

Yes ☐ No ☐ By whom? _____

Name of contact: _____ Phone: _____

If a burial was encountered, has the Burial Sites Preservation Office been notified?

☐ Yes ☐ No ☐ By whom? _____

Name of contact: _____ Phone: _____

If a contaminated site, UST or LUST was discovered, has DNR been notified? ☐ Yes ☐ No

By whom? _____

Name of contact: _____ Phone: _____

Has WisDOT been contacted? ☐ Yes ☐ No ☐ By whom? _____

Name of contact: _____ Phone: _____

Name of contact: _____ Phone: _____

Has the Bureau of Environment been notified (this is not a utility responsibility)?

☐ Yes ☐ No ☐ By whom? _____

Name of contact: _____ Phone: _____

Name of contact: _____ Phone: _____

Other contacts: _____

STATUS OF PROJECT:

Has work stopped in the area? ☐ Yes ☐ No **IF NO, STOP WORK IMMEDIATELY!**

Has the area been secured (fenced, staked or marked, roped off or delineated by traffic control devices)? ☐ Yes ☐ No

Can project work continue in another area? ☐ Yes ☐ If yes, for how long? _____

Can the affected area be avoided (utility facility placed in another location)? ☐ Yes ☐ No

Has any completed utility work been clearly marked (staked, paint marked, or flagged)?

☐ Yes ☐ No

Is any of the completed utility facility active, energized, etc.? ☐ Yes ☐ No

Is this utility being relocated to facilitate a highway project? ☐ Yes ☐ No

RESUMING WORK:

Did WisDOT indicate a timeframe in which someone would respond? ☐ Yes ☐ No

What is that timeframe? _____

Who will authorize resuming work? _____

When can the work be resumed? _____

Date authorization received? _____

Effective: March 12, 2015

96.00 Utility Accommodation

96.90 Appendices

Supersedes: October 8, 1998

Section 96.98 Completion Certificate

By: County Highway Commissioner

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**RETURN THIS COMPLETION CERTIFICATE
TO THE ADAMS COUNTY HIGHWAY DEPARTMENT
WHEN SITE IS RESTORED**

COMPLETION CERTIFICATE
(For Utility Permits)

Mail or Fax to Address Listed Below

Date _____

To: ADAMS COUNTY HIGHWAY DEPARTMENT**ATTN: Jason Kirsenlohr****TELEPHONE: 608-339-3355****FAX: 608-339-4983****E-MAIL: jkirsenlohr@co.adams.wi.us**

COMPANY: _____

ADDRESS: _____

CITY,STATE,ZIP: _____

CONTACT: _____

FAX: _____

TELEPHONE: _____

COUNTY PERMIT NO.: _____

UTILITY WORK ORDER # _____

The work requested under the above-mentioned highway permit has been completed. The Department can now review to insure proper restoration to the affected highway right-of-way has been made.

Signature: _____

Printed Name: _____

ADAMS COUNTY HIGHWAY DEPARTMENT
UTILITY ACCOMADATION FEE SCHEDULE

FEES

Annual Service Connection Permit (ASCP)	\$100.00
Permit Application & Review Fee	\$25.00
Inspection Fee per Permit*	\$50.00
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